

OSAH FORM 1

This form is available online at <http://www.ganet.org/osah/form.html> or by telephone request at (404)657-2800.

OSAH USE ONLY	AGENCY CODE	CASE TYPE	DOCKET NUMBER	COUNTY	JUDGE
DOCKET NUMBER:	PLBD				

NAME OF REFERRING AGENCY: **PROFESSIONAL LICENSING BOARDS (PLBD)**

COUNTY OF NON-AGENCY'S RESIDENCE: _____

DATE OF REQUEST FOR HEARING: _____

SELECT ONE:		
MEDICAL OR RELATED CATEGORIES <input type="checkbox"/> CHIRO State Board of Chiropractic Examiners <input type="checkbox"/> DEN Georgia Board of Dentistry, Dentist <input type="checkbox"/> DIET State Board of Examiners of Licensed Dieticians <input type="checkbox"/> HADD State Board of Hearing Aid Dealers and Dispensers <input type="checkbox"/> HYG Georgia Board of Dentistry, Hygienists <input type="checkbox"/> LPN Board of Examiners of Licensed Practical Nurses <input type="checkbox"/> NHA State Board of Nursing Home Administrators <input type="checkbox"/> OPTI State Board of Dispensing Opticians <input type="checkbox"/> OPTOM State Board of Examiners in Optometry <input type="checkbox"/> OT State Board of Occupational Therapy <input type="checkbox"/> PCSMFT Composite Board of Professional Counselors, Social Workers, and Marriage & Family Therapist Counselors <input type="checkbox"/> PHAR State Board of Pharmacy <input type="checkbox"/> POD State Board of Podiatry Examiners <input type="checkbox"/> PSY State Board of Examiners Psychologist <input type="checkbox"/> PT State Board of Physical Therapy <input type="checkbox"/> RN Georgia Board of Nursing <input type="checkbox"/> SLPA State Board of Examiners for Speech, Language, Pathology & Audiology <input type="checkbox"/> VETS State Board of Veterinary Medicine	ATHLETIC CATEGORIES <input type="checkbox"/> AAC Georgia Athlete Agent Regulation Commission <input type="checkbox"/> AC State Construction Industry Licensing Board, Air Contractors <input type="checkbox"/> AT Board of Athletic Trainers CONSTRUCTION RELATED <input type="checkbox"/> ARCH State Board of Architects & Interior Designers <input type="checkbox"/> ELEC State Construction Industry Licensing Board, Electrical Contractors <input type="checkbox"/> ENG State Board of Professional Engineers <input type="checkbox"/> GAEC Georgia Athlete and Entertainment Commission <input type="checkbox"/> LA State Board of Landscape Architects <input type="checkbox"/> LVC State Construction Industry Licensing Board, Low Voltage Contractors <input type="checkbox"/> PLUM State Construction Industry Licensing Board, Plumber <input type="checkbox"/> SURV State Board of Land Surveyors <input type="checkbox"/> UTIL State Construction Industry Licensing Board, Utility Contractors FUNERAL RELATED <input type="checkbox"/> EMBALM State Board of Funeral Service, Embalmer <input type="checkbox"/> FDIR State Board of Funeral Service, Funeral Dir. <input type="checkbox"/> FS State Board of Funeral Service	MOTOR VEHICLE RELATED <input type="checkbox"/> PARTS State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers Service (Parts Dealers) <input type="checkbox"/> VEH State Board of Registration of Used Motor Vehicle Dealers and Used Motor Vehicle Parts Dealers Service (Vehicle Dealers) OTHER MISCELLANEOUS <input type="checkbox"/> ACCT State Board of Accountancy <input type="checkbox"/> AU Georgia Auctioneers Commission <input type="checkbox"/> BAR State Board of Barbers <input type="checkbox"/> COSME State Board of Cosmetology <input type="checkbox"/> FOR State Board of Registration of Forrester's <input type="checkbox"/> GEO Georgia Board of Registration for Professional Geologists <input type="checkbox"/> LIBR State Board for Certification of Librarians <input type="checkbox"/> PDSA Board of Private Detectives and Security Agencies <input type="checkbox"/> WW State Board of Water & Wastewater Treatment Plant Operators

CONTACT PERSON IN REFERRING AGENCY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST	POSITION	EMAIL:
		PAGER:
AGENCY'S ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:
		PAGER:

NON-AGENCY PARTY

NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE ON HEARING REQUEST		EMAIL:
		PAGER:
ATTORNEY NAME:	TEL NO:	FAX NO:
CURRENT ADDRESS INCLUDING ZIP CODE	GEORGIA BAR NO:	EMAIL:
		PAGER:

PARTY REQUESTING THE HEARING: ☐ REFERRING AGENCY ☐ NON-AGENCY PARTY ☐ NON-AGENCY PARTY'S ATTORNEY
FOR PUPOSES OF THIS HEARING, THE PARTY INDICATED WILL BE ☐ PETITIONER ☐ RESPONDENT **IN THIS MATTER.**

DOCUMENT INITIATING THE HEARING: As "Attachment 1" to this form, attach the document initiating the hearing.

ISSUES TO BE RESOLVED: As "Attachment 2", attach an outline of legal issues and factual matters to be resolved at the hearing including specific statutes or rules to be applied at the hearing.

SPECIAL REQUIREMENTS: As "Attachment 3", attach a sheet identifying any statutes or rule (state of federal) establishing an specific time deadlines or procedures that are to be applied by OSAH in resolving the matter referred.

SERVICE OF DOCUMENTS: In addition to routine service on the agency's attorney, the agency contact person requests the following:

- ☐ No service of documents prior to certification of the file to the agency after a decision
☐ Service of all documents prior to certification of the file to the agency after a decision
☐ Service of a copy of the notice of hearing ☐ Service of a copy of a continuance ☐ Service of copy of any interim orders.

All documents will be mailed to the referring agency at the address indicated for the contact person to the contact person's attention unless written instructions provide an alternative place for service.